AUGUST 1		CALIFORNIA		Page 25 OMB NO.: 0938-	_		
Agency* Citation	n(s)	Groups Covered					
	c.	Optional Coverac	ge of Medically	Needy (Continued)	_		
1902(e)(4) of the Act DHS		as medically Medicaid on to is deemed to Medicaid on to for one year	984 to a woman we needy and is rethe date of the have applied and the date of birthes of long as the	ho is eligible	d r		
42 CFR 435.30 DHS	8	descri	bed in section C the age of 21 20 19 18 or under age students in a se	ndividuals who are not .3. above and who are 19 who are full-time econdary school or in the .of vocational or .ng	9		
		eligib	able classificat le individuals (18 as specified	tions of financially under the ages of 21, 20 i below:	,		
		(1)	Individuals for assuming full or responsibility	whom public agencies are r partial financial and who are:	е		
		(a)	In foster hor	mes (and are under the a	ge		
		(b)) In private i the age of _	nstitutions (and are und	er		
TN No. 92-09 Supersedes TN No. 87-09	App	proval Date NO	OV 1 8 1993	Effective Date JAN 01 19	93		

Revision: HCFA-PM-91-4 (BPD)

HCFA ID: 7983E

ATTACHMENT 2.2-A

Revision: HCFA-PM-91-4 ATTACHMENT 2.2-A (BPD) Page 25a AUGUST 1991 OMB NO.: 0938-State: ___CALIFORNIA Groups Covered Agency* Citation(s) PAGE NOT APPLICABLE C. Optional Coverage of Medically Needy (Continued) In addition to the group under (C) b.(1)(a) and (b), individuals placed in foster homes or private institutions by private, nonprofit agencies (and are under the age of (2) Individuals in adoptions subsidized in full or part by a public agency (who are under the age of ___ (3) Individuals in NFs (who are under the age ____). NF services are provided under this plan. In addition to the group under (b)(3), (4) individuals in ICFs/MR (who are under the age of _____). (5) Individuals receiving active treatment as inpatients in psychiatric facilities or programs (who are under the age of). Inpatient psychiatric services for individuals under age 21 are provided under this plan. (6) Other defined groups (and ages), as specified in Supplement 1 of ATTACHMENT 2.2-A. Effective Date __JAN 01 1993, TN No. 92-09 NOV 1 8 1993 Approval Date Supersedes

HCFA ID: 7983E

TN No.

Revision: HCFA-PM-91-4

AUGUST 1991

(BPD)

ATTACHMENT 2.2-A

Page 26

OMB NO.: 0938-

State:

California

Agency* Citation(s)

Groups Covered

DHS is the Agency for all Groupd covered on this page.

Optional Coverage of Medically Needy (Continued)

/y/ 6. Caretaker relatives. 42 CFR 435.310

42 CFR 435.320 /X/ 7. Aged individuals. and 435.330

42 CFR 435.322 $\overline{\mathbf{x}}$ 8. Blind individuals. and 435.330

42 CFR 435.324 \sqrt{y} 9. Disabled individuals. and 435.330

42 CFR 435.326 / 10. Individuals who would be ineligible if they were not enrolled in an HMO. Categorically needy individuals are covered under 42 CFR 435.212 and the same rules apply to medically needy individuals.

435.340

- 11. Blind and disabled individuals who:
 - a. Meet all current requirements for Medicaid eligibility except the blindness or disability criteria;
 - b. Were eligible as medically needy in December 1973 as blind or disabled; and
 - c. For each consecutive month after December 1973 continue to meet the December 1973 eligibility criteria.

TN No. 92-09

Supersedes Approval Date NOV 1 8 1993
TN No. 87-09 & 91-03

Effective Date JAN 01 1993

HCFA ID: 7983E

Revision: HCFA-PM-91-8

(BPD)

October 1991

ATTACHMENT 2.2-A

Page 26a

OMB NO.: 0938-

State:

CALIFORNIA

Citation(s)

Groups Covered

C. Optional Coverage of Medically Needy (Continued)

1906 of the Act

12. Individuals required to enroll in cost effective employer-based group health plans remain eligible for a minimum enrollment period of _0___ months.

					-
TN No	92-09				
Super		Approval	Date	NOV 1 8 1993	
mar = 11.					

Effective Date JAN 01 1993

HCFA ID: 7983E